

SPONSOR REGISTRATION

Governor's Conference Sept. 30 - Oct. 2, 2009 • WorkSafeMT Conference Sept. 29 – Sept. 30, 2009 Hilton Garden Inn • 3720 North Reserve Street • Missoula, MT

Online Registration is available at: http://erd.dli.mt.gov/upevents/govconf.asp
New this year: You can register online and mail in your payment, in addition to paying by credit card or e-check. Online registration is preferred.

Please mail completed registration form, along with sponsor fee to: Employment Relations Division, ATTN: Keith Messmer, PO Box 7182, Helena, MT 59604-7182

Free Registrant Information

NAME:	TITLE:				
BUSINESS NAME: MAIL	ING ADDRESS:				
CITY:STATE	E:ZIP CODE:				
WORK PHONE: EMAI	il Address:				
For inquiries about your registration, please provide contact information if different than above registrant.					
CONTACT: PHONE:	EMAIL:				
Please choose which conference(s) you'll be attending: (check one)	Governor's Conference Sponsor Level (check one)				
☐ Governor's Conference Only ☐ Both Conferences (WorkSafeMT and Governor's)	 □ \$250 Name/logo on agenda and screen. □ \$500 One free registration. Sponsor a break. □ \$750 Two free registrations. Sponsor a breakfast. 				
Guest Pass Fees (Governor's Conference only) All breaks, meals & receptions: \$75 (Begins with Wed. afternoon break) Wednesday reception: \$25 Thursday Luncheon Awards Ceremony: \$25 Thursday reception: \$25 Guest name(s):	□ \$1,000 Three free registrations. Sponsor Awards Luncheon or Evening Reception. □ \$1,000 & greater Three free registrations (plus one For each additional \$250). Sponsor Awards Luncheon or Evening Reception.				

Make checks payable to Governor's Conference. No Refunds after September 11, 2009.

List any special accommodation needs below.



SPONSOR REGISTRATION

Free Registrant Information #2

NAME:	TITLE:			
BUSINESS NAME:		MAILING ADDRESS:		
CITY:		STATE:	ZIP CODE:	
WORK PHONE:		EMAIL ADD	DRESS:	
For inquiries about your registra	tion, please provide con	tact information	if different than above registrant.	
CONTACT:	PHONE:		EMAIL:	
Free Registrant Informa	ition #3			
NAME:	TITLE:			
BUSINESS NAME:		MAILING ADDRESS:		
CITY:		STATE:	ZIP CODE:	
WORK PHONE:	EMAIL ADDRESS:			
			if different than above registrant.	
CONTACT:	PHONE:		EMAIL:	
Free Registrant Informa	tion #4			
NAME:	TITLE:			
BUSINESS NAME:		MAILING ADDRESS:		
CITY:		STATE:	ZIP CODE:	
WORK PHONE:		EMAIL ADDRESS:		
For inquiries about your registra	tion, please provide con	tact information	if different than above registrant.	
CONTACT:	PHONE:		EMAIL:	
Free Registrant Informa	tion #5			
NAME:	TITLE:			
BUSINESS NAME:	MAILING ADDRESS:			
CITY:		STATE:	ZIP CODE:	
WORK PHONE:	EMAIL ADDRESS:			
For inquiries about your registra	tion, please provide con	tact information	if different than above registrant.	
CONTACT:	PHONE:		EMAIL:	